

MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2012
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
		EASTERN CONNECTICUT HEALTH NETWORK, INC.
1	Affiliate Description	PARENT CORPORATION AND PROVIDES OVERALL DIRECTION AND CONTROL TO ALL OTHER CORPORATIONS
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 HAYNES STREET, MANCHESTER, CT
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
B. AFFILIATE NAME		
		AETNA AMBULANCE SERVICES, INC.
1	Affiliate Description	PROVIDES AMBULANCE TRANSPORTATION SERVICES
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	140 Van Block Avenue
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06106 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
C. AFFILIATE NAME		
		AMBULANCE SERVICE OF MANCHESTER, LLC
1	Affiliate Description	PROVIDE TRANSPORTATION SERVICES
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
D. AFFILIATE NAME		
		CONNECTICUT HEALTHCARE INSURANCE CO.
1	Affiliate Description	ECHN's Malpractice Insurance Co.
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	71 Haynes St.

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LINE	DESCRIPTION	AFFILIATE INFORMATION
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter Karl
9	CEO Title	President
10	CT Agent Name	Lloyd Pelletier
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	100 Main St.
13	CT Agent Town	Grand Cayman
14	CT Agent State	Cayman Islands
15	CT Agent Zip Code	06040 -
E. AFFILIATE NAME		
	AFFILIATE NAME	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC
1	Affiliate Description	Provides management services for the occupational health programs of Manchester Memorial Hospital, St. Francis Hospital & Medical Center, and Bristol Hospital.
2	Affiliate type of service	Occupational Health
3	Tax Status	For Profit
4	Street Address	1000 Asylum Ave, Suite 4302
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	HUNTER GIROUX
9	CEO Title	CHIEF EXECUTIVE OFFICER
10	CT Agent Name	HUNTER GIROUX
11	CT Agent Company	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC
12	CT Agent Company Street Address	1000 Asylum Ave, Suite 4302
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06105 -
F. AFFILIATE NAME		
	AFFILIATE NAME	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.
1	Affiliate Description	Entity owns and manages a series of community-based medical practices.
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	71 HAYNES STREET, MANCHESTER, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street,
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
G. AFFILIATE NAME		
	AFFILIATE NAME	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.
1	Affiliate Description	PROFESSIONAL SERVICE REPRESENTING PHYSICIANS IN MANAGED CARE CONTRACT NEGOTIATIONS
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	Not for Profit
4	Street Address	26 Haynes Street, Lower Level
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Peter J. Karl
9	CEO Title	President and Chief Executive Officer
10	CT Agent Name	Robinson and Cole

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
11	CT Agent Company	Robinson & Cole
12	CT Agent Company Street Address	280 Trumbull Street, Hartford, Ct
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
H. AFFILIATE NAME		
		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.
1	Affiliate Description	Entity responsible for raising funds for the benefit of exempt organizations associated with Eastern CT Health Network, Inc.
2	Affiliate type of service	Fund Raising/Management
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street,
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
I. AFFILIATE NAME		
		ECHN CORPORATE SERVICES INC.
1	Affiliate Description	For-profit subsidiary of ECHN serving as parent of Medical Practice Partners
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	71 Haynes Street,
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Dennis O'Neill
9	CEO Title	President
10	CT Agent Name	R&C Service Company
11	CT Agent Company	R&C Service Company
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
J. AFFILIATE NAME		
		ECHN ELDERCARE SERVICES, INC.
1	Affiliate Description	TO INITIATE, DEVELOP, OPERATE, AND MAINTAIN PROGRAMS DIRECTED TOWARD IMPROVING EFFICIENCY OF UTILIZATION OF HEALTH CARE. FACILITIES AND SERVICES IN EASTERN CT AND PROVIDING COST EFFECTIVE HEALTH CARE TO PUBLIC WHILE MAINTAINING A HIGH QUALITY OF CARE.
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	26 SHENIPSIT LAKE ROAD, TOLLAND, CT
5	Town	Tolland
6	State	Connecticut
7	Zip Code	06084 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut

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LINE	DESCRIPTION	AFFILIATE INFORMATION
15	CT Agent Zip Code	06040 -
K.	AFFILIATE NAME	ECHN ENTERPRISES, INC.
1	Affiliate Description	AN ORGANIZATION ESTABLISHED TO MANAGE MEDICAL OFFICE BUILDINGS AND REAL ESTATE HOLDINGS.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	71 HAYNES STREET, MANCHESTER, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street,
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
L.	AFFILIATE NAME	EVERGREEN ENDOSCOPY CENTER, LLC
1	Affiliate Description	Joint venture with community GI physicians
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	2400 Tamarack Avenue
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Jeffrey Breiter, MD
9	CEO Title	Pres.
10	CT Agent Name	Gregory J. Pepe, Esq.
11	CT Agent Company	
12	CT Agent Company Street Address	195 Church Street, 13th Floor
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
M.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES II, LLC
1	Affiliate Description	Owns and operates the Evergreen II Medical Building in South Windsor adjacent to the ECHN Medical Building at Evergreen Walk
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
7	Zip Code	06033 -
8	CEO Name	David Sessions
9	CEO Title	Manager
10	CT Agent Name	Joseph R. Labrosse
11	CT Agent Company	c/o Grove Property Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
N.	AFFILIATE NAME	EVERGREEN MEDICAL ASSOCIATES, LLC
1	Affiliate Description	Owns and operates the ECHN medical building at Evergreen Walk in South Windsor.
2	Affiliate type of service	Real Estate

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LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
7	Zip Code	06033 -
8	CEO Name	David Sessions
9	CEO Title	Manager
10	CT Agent Name	Joseph R. Labrosse
11	CT Agent Company	c/o Grove Properaty Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
O. AFFILIATE NAME		
AFFILIATE NAME		HAYNES STREET MEDICAL ASSOCIATES II, LLC
1	Affiliate Description	Owns and operates a medical office bulding at 100 Haynes Street in Manchester
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
7	Zip Code	06033 -
8	CEO Name	David Sessions
9	CEO Title	Manager
10	CT Agent Name	Joseph R. Labrosse
11	CT Agent Company	c/o Grove Properaty Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
P. AFFILIATE NAME		
AFFILIATE NAME		HAYNES STREET MEDICAL ASSOCIATES, LLC
1	Affiliate Description	Owns and operates a medical office building at 17-29 Haynes Street in Manchester
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	95 Glastonbury Blvd, Suite 214
5	Town	Glastonbury
6	State	Connecticut
7	Zip Code	06033 -
8	CEO Name	David Sessions
9	CEO Title	Manager
10	CT Agent Name	Joseph R. Labrosse
11	CT Agent Company	c/o Grove Properaty Fund LLC
12	CT Agent Company Street Address	95 Glastonbury Blvd, Suite 214,
13	CT Agent Town	Glastonbury
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06033 -
Q. AFFILIATE NAME		
AFFILIATE NAME		MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.
1	Affiliate Description	PREVIOUSLY ORGANIZED PHO WHICH IS NO LONGER OPERATING. No activity in this entity since 1994. Dissolution of the entity is pending.
2	Affiliate type of service	Affilate Support Services
3	Tax Status	Not for Profit
4	Street Address	71 Haynes Street, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06045 -
8	CEO Name	Patricia A. Balzer
9	CEO Title	CEO

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
10	CT Agent Name	Robert F. Cavanagh
11	CT Agent Company	
12	CT Agent Company Street Address	195 Church Street ,
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
R. AFFILIATE NAME MEDICAL PRACTICE PARTNERS		
1	Affiliate Description	Provides Medical billing services, electronic health records, information services and practice management services.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	29 Naek Road
5	Town	Vernon
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	Gregory M. Williams
9	CEO Title	President
10	CT Agent Name	Gregory M. Williams
11	CT Agent Company	
12	CT Agent Company Street Address	29 Naek Road
13	CT Agent Town	Vernon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06066 -
S. AFFILIATE NAME METRO WHEELCHAIR SERVICE, INC		
1	Affiliate Description	PROVIDES TRANSPORTATION FOR WHEELCHAIR BOUND PATIENTS AND SOME LIVERY SERVICES FOR MEDIAL APPOINTMENTS.
2	Affiliate type of service	Ambulatory Services
3	Tax Status	For Profit
4	Street Address	275 New State Road, Manchester, CT
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Wayne Wright
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	c/o Shipman and Goodwin LLP
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
T. AFFILIATE NAME NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
1	Affiliate Description	Joint Venture of four area hospitals that operates The John A. DeQuattro Community Cancer Center in Manchester and the Phoenix Community Cancer Center in Enfield.
2	Affiliate type of service	Outpatient Care
3	Tax Status	Not for Profit
4	Street Address	100 Haynes Street
5	Town	Manchester
6	State	Connecticut
7	Zip Code	06040 -
8	CEO Name	Donna Handley
9	CEO Title	President
10	CT Agent Name	Kristoffer Popovitch
11	CT Agent Company	
12	CT Agent Company Street Address	100 Haynes Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
15	CT Agent Zip Code	06040 -
U.	AFFILIATE NAME	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED
1	Affiliate Description	Community based hospital that provides medical care on an acute basis.
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	31 UNION STREET, ROCKVILLE, CT
5	Town	Vernon Rockville
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	PETER J. KARL
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street,
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
V.	AFFILIATE NAME	TOLLAND IMAGING CENTER
1	Affiliate Description	Joint venture to provide outpatient diagnostic imaging services
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	6 Fieldstone Commons, Suite E
5	Town	Tolland
6	State	Connecticut
7	Zip Code	06084 -
8	CEO Name	Kevin Murphy
9	CEO Title	President
10	CT Agent Name	R&C Service Company
11	CT Agent Company	R&C Service Company
12	CT Agent Company Street Address	280 Trumbull Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
W.	AFFILIATE NAME	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.
1	Affiliate Description	Provides at-home nursing care and hospice care.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	Not for Profit
4	Street Address	8 Keynote Drive , Vernon, CT
5	Town	Vernon
6	State	Connecticut
7	Zip Code	06066 -
8	CEO Name	Todd Rose
9	CEO Title	President/Chief Executive Officer
10	CT Agent Name	Sharon Holmes
11	CT Agent Company	ECHN
12	CT Agent Company Street Address	71 Haynes Street
13	CT Agent Town	Manchester
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06040 -
X.	AFFILIATE NAME	WBC CONNECTICUT EAST, LLC
1	Affiliate Description	A joint venture to provide comprehensive outpatient behavioral health services for adults and adolescents with eating disorders, a distinct intensive outpatient program for adults with binge eating disorders and aftercare support services.
2	Affiliate type of service	Mental Health Facility

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
3	Tax Status	Not for Profit
4	Street Address	2400 Tamarack Ave, Suite 203
5	Town	South Windsor
6	State	Connecticut
7	Zip Code	06074 -
8	CEO Name	Stuart Koman
9	CEO Title	Manager
10	CT Agent Name	Corporation Service Company
11	CT Agent Company	
12	CT Agent Company Street Address	50 Weston Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06120 - 1537

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
A. MANCHESTER MEMORIAL HOSPITAL			
1		Unrestricted	\$4,925,477
2		Temporarily Restricted by Donor	\$1,905,070
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$8,175,188
5		Intercompany Eliminations	\$0
		Total:	\$15,005,735
B. EASTERN CONNECTICUT HEALTH NETWORK, INC.			
1		Unrestricted	\$5,312,543
2		Temporarily Restricted by Donor	\$691,359
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$6,003,902
C. AETNA AMBULANCE SERVICES, INC.			
1		Unrestricted	\$1,385,137
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$177,161
		Total:	\$1,562,298
D. AMBULANCE SERVICE OF MANCHESTER, LLC			
1		Unrestricted	\$3,508,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$167,104
		Total:	\$3,675,104
E. CONNECTICUT HEALTHCARE INSURANCE CO.			
1		Unrestricted	\$4,023
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$589,364
		Total:	\$593,387
F. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.			
1		Unrestricted	(\$27,691)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$27,691)

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
	H. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	I. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
1		Unrestricted	\$1,692,807
2		Temporarily Restricted by Donor	\$11,535,595
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$1,567,312
5		Intercompany Eliminations	\$0
		Total:	\$14,795,714
	J. ECHN CORPORATE SERVICES INC.		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
	K. ECHN ELDERCARE SERVICES, INC.		
1		Unrestricted	\$4,363,840
2		Temporarily Restricted by Donor	\$31,343
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$4,395,183
	L. ECHN ENTERPRISES, INC.		
1		Unrestricted	(\$78,598)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$78,598)
	M. EVERGREEN ENDOSCOPY CENTER, LLC		
1		Unrestricted	\$381,284
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$15,869
		Total:	\$397,153
	N. EVERGREEN MEDICAL ASSOCIATES II, LLC		
1		Unrestricted	\$692,833
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$86,979)
		Total:	\$605,854

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
O. EVERGREEN MEDICAL ASSOCIATES, LLC			
1		Unrestricted	\$301,789
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$42,971)
		Total:	\$258,818
P. HAYNES STREET MEDICAL ASSOCIATES II, LLC			
1		Unrestricted	\$241,830
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$10,535
		Total:	\$252,365
Q. HAYNES STREET MEDICAL ASSOCIATES, LLC			
1		Unrestricted	\$196,841
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$50,166)
		Total:	\$146,675
R. MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
S. MEDICAL PRACTICE PARTNERS			
1		Unrestricted	\$121,637
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$80,368)
		Total:	\$41,269
T. METRO WHEELCHAIR SERVICE, INC			
1		Unrestricted	\$126,460
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$41,779)
		Total:	\$84,681
U. NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
1		Unrestricted	\$5,638,135
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$472,181
		Total:	\$6,110,316

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
V.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
1		Unrestricted	\$17,066,097
2		Temporarily Restricted by Donor	\$615,748
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$3,633,166
5		Intercompany Eliminations	\$0
		Total:	\$21,315,011
W.	TOLLAND IMAGING CENTER		
1		Unrestricted	\$39,645
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$32,750
		Total:	\$72,395
X.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
1		Unrestricted	\$9,257,504
2		Temporarily Restricted by Donor	\$72,586
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$9,330,090
Y.	WBC CONNECTICUT EAST, LLC		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$200,000
		Total:	\$200,000
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$83,376,960
	Intercompany Eliminations		\$1,362,701
	Total of all Affiliates	Fund Balance:	\$84,739,661

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. EASTERN CONNECTICUT HEALTH NETWORK, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$10,716,013
1		Allocation of Investment Income/Loss	09/30/2012	\$3,500,367
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$14,216,380
B. AETNA AMBULANCE SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$981,921
1		Allocation of Investment Income/Loss	09/30/2012	\$111,687
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$1,093,608
C. AMBULANCE SERVICE OF MANCHESTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,479,834
1		Distribution	09/30/2012	(\$735,000)
2		Allocation of Investment Income/Loss	09/30/2012	\$827,739
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,572,573
D. CONNECTICUT HEALTHCARE INSURANCE CO.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,457,128
1		Accounting Fees	09/30/2012	(\$2,454,312)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,816
E. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$20,000
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$20,000
F. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$3,942,670)
1		Accounting Fees	09/30/2012	\$11,788,084
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$7,845,414
G. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
H. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$248,908
1		Transfer of Donated Assets	09/30/2012	\$235,350
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$484,258
I.	ECHN CORPORATE SERVICES INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
J.	ECHN ELDERCARE SERVICES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$297,623)
1		Salary and Non-Salary Operating Expenses	09/30/2012	\$253,123
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$44,500)
K.	ECHN ENTERPRISES, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,559,387
1		Non Salary Expense	09/30/2012	(\$485,271)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,074,116
L.	EVERGREEN ENDOSCOPY CENTER, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$434,549
1		Distribution	09/30/2012	(\$350,000)
2		Allocation of Investment Income/Loss	09/30/2012	\$312,604
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$397,153
M.	EVERGREEN MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
N.	EVERGREEN MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
O.	HAYNES STREET MEDICAL ASSOCIATES II, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0

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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
P.	HAYNES STREET MEDICAL ASSOCIATES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
R.	MEDICAL PRACTICE PARTNERS			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$130,157
1		Allocation of Investment Income/Loss	09/30/2012	(\$88,888)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$41,269
S.	METRO WHEELCHAIR SERVICE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$94,498
1		Allocation of Investment Income/Loss	09/30/2012	(\$35,221)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$59,277
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,819,067
1		Allocation of Investment Income/Loss	09/30/2012	\$236,091
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$3,055,158
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$1,986,032)
1		Transfer of Salary and Non-Salary Expenses	09/30/2012	\$1,211,949
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$774,083)
V.	TOLLAND IMAGING CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$49,584
1		Allocation of Investment Income/Loss	09/30/2012	\$22,811
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$72,395

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,915,795
1		Allocation of Investment Income/Loss	09/30/2012	(\$2,915,795)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
X.	WBC CONNECTICUT EAST, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Allocation of Investment Income/Loss	09/30/2012	\$140,000
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$140,000
			Grand Total:	\$31,255,834

MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2011	\$4,745,716
A.	EASTERN CONNECTICUT HEALTH NETWORK, INC.				
1		ECHN ELDERCARE SERVICES, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2012	\$43,588
2		ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2012	\$17,072
3		EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.	Allocation of ECHN Expenses to Subsidy	09/30/2012	\$65,262
4		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of ECHN Expenses to Subsidy	09/30/2012	\$2,114,225
			Total:	9/30/2012	\$2,240,147
B.	AETNA AMBULANCE SERVICES, INC.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	\$53,148
			Total:	9/30/2012	\$53,148
C.	AMBULANCE SERVICE OF MANCHESTER, LLC				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	\$50,131
			Total:	9/30/2012	\$50,131
D.	CONNECTICUT HEALTHCARE INSURANCE CO.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Shareholders Equity	09/30/2012	(\$2,454,312)
			Total:	9/30/2012	(\$2,454,312)
E.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Operating Expenses	09/30/2012	\$2,711,365
			Total:	9/30/2012	\$2,711,365

MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2012
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
1		EASTERN CONNECTICUT HEALTH NETWORK, INC.	Salary and Non-Salary Expenses	09/30/2020	\$12,890
			Total:	9/30/2012	\$12,890
H.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1		ECHN ELDERCARE SERVICES, INC.	Transfer of Donated Assets	09/30/2012	\$51,115
2		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Transfer of Donated Assets	09/30/2012	\$9,856
			Total:	9/30/2012	\$60,971
I.	ECHN CORPORATE SERVICES INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
J.	ECHN ELDERCARE SERVICES, INC.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Salary and Non-Salary Expenses	09/30/2012	(\$176,598)
			Total:	9/30/2012	(\$176,598)
K.	ECHN ENTERPRISES, INC.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Non Salary Operating Expenses	09/30/2012	(\$30,194)
			Total:	9/30/2012	(\$30,194)
L.	EVERGREEN ENDOSCOPY CENTER, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
M.	EVERGREEN MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2012	(\$86,979)
			Total:	9/30/2012	(\$86,979)
N.	EVERGREEN MEDICAL ASSOCIATES, LLC				

MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2012	(\$42,971)
			Total:	9/30/2012	(\$42,971)
O.	HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2012	\$10,535
			Total:	9/30/2012	\$10,535
P.	HAYNES STREET MEDICAL ASSOCIATES, LLC				
1		ECHN ENTERPRISES, INC.	Allocation of Investment Income/Loss	09/30/2012	(\$50,166)
			Total:	9/30/2012	(\$50,166)
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
R.	MEDICAL PRACTICE PARTNERS				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
S.	METRO WHEELCHAIR SERVICE, INC				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	(\$12,534)
			Total:	9/30/2012	(\$12,534)
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	\$236,091
			Total:	9/30/2012	\$236,091
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0

MANCHESTER MEMORIAL HOSPITAL
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FISCAL YEAR 2012
REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
V.	TOLLAND IMAGING CENTER				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	\$32,750
			Total:	9/30/2012	\$32,750
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.				
1		THE ROCKVILLE GENERAL HOSPITAL INCORPORATED	Allocation of Investment Income/Loss	09/30/2012	(\$1,175,139)
			Total:	9/30/2012	(\$1,175,139)
X.	WBC CONNECTICUT EAST, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$6,124,851

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	A. EASTERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	B. AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	C. AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	D. CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	E. CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	F. EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	G. EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	H. ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	I. ECHN CORPORATE SERVICES INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	J. ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	K. ECHN ENTERPRISES, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	L. EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	M. EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	N. EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	O. HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	P. HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	Q. MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012

**MANCHESTER MEMORIAL HOSPITAL
ANNUAL REPORTING
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
R.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
S.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
V.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
X.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
	Grand Total:	\$0	9/30/2012

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	EASTERN CONNECTICUT HEALTH NETWORK, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	AETNA AMBULANCE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	AMBULANCE SERVICE OF MANCHESTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	CONNECTICUT HEALTHCARE INSURANCE CO.		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	ECHN CORPORATE SERVICES INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	ECHN ELDERCARE SERVICES, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
K.	ECHN ENTERPRISES, INC.		

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	EVERGREEN ENDOSCOPY CENTER, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	EVERGREEN MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	EVERGREEN MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	HAYNES STREET MEDICAL ASSOCIATES II, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	HAYNES STREET MEDICAL ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	MEDICAL PRACTICE PARTNERS		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	METRO WHEELCHAIR SERVICE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
T.	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC. (NRRON)		
0	Nothing to Report	\$0	0
	Total:	\$0	
U.	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED		
0	Nothing to Report	\$0	0
	Total:	\$0	

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
V.	TOLLAND IMAGING CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
W.	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
X.	WBC CONNECTICUT EAST, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$468,137.91	\$461,820.94	(\$6,316.97)	-1%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$11,641.88	\$12,434.73	\$792.85	7%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	(\$17,958.85)	\$129,737.56	\$147,696.41	-822%
	Ending Balance	\$461,820.94	\$603,993.23	\$142,172.29	31%
5	Projected Interest Income	\$50,000.00	\$50,000.00	\$0.00	0%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

MANCHESTER MEMORIAL HOSPITAL		
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund (<u>FULL NAME</u>)	Amount
1. Number of Applications for Hospital Bed Funds		0
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

MANCHESTER MEMORIAL HOSPITAL					
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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	Erna Loomis	\$255,707.30	\$3,954.52	\$3,954.52	\$3,954.52
	Elsie Cheney Disher	\$321,593.18	\$4,973.44	\$4,973.44	\$4,973.44
	Loren Garner	\$55,375.96	\$856.39	\$856.39	\$856.39
	Mattie Hills Preston	\$29,781.72	\$460.57	\$460.57	\$460.57
	P O Boynton	\$4,922.55	\$76.13	\$76.13	\$76.13
	Drake Bed Fund	\$136,675.20	\$2,113.68	\$2,113.68	\$2,113.68
	Total Bed Funds :	\$804,055.91	\$12,434.73	\$12,434.73	\$12,434.73

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	30.00%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	American Adjustment Bureau
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN offers options and will not bill, refer to a coll, a SP pat prior to giving opp to fin assist or choose a pay option that fits needs. If pat does not request an appt for fin aid within 10 days, they have 120 days to pay acct in full.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	ECHN has agreements with Coll Agencies to initiate collection efforts on those accts that ECHN refers to them. If pay schedules are not kept, accts will be transferred from coll agents to secondary collections attorneys for follow-up.

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.00%

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	CEO	\$523,267	\$37,526	\$560,793
2.	Emergency Room MD	\$366,214	\$44,176	\$410,390
3.	Emergency Room MD	\$359,806	\$18,762	\$378,568
4.	Medical Director ED	\$373,811	\$3,528	\$377,339
5.	Emergency Room MD	\$356,253	\$18,410	\$374,663
6.	Emergency Room MD	\$325,000	\$34,568	\$359,568
7.	Treasurer/Exec VP	\$330,076	\$12,315	\$342,391
8.	Emergency Room MD	\$338,237	\$2,641	\$340,878
9.	Medical Director ED	\$325,629	\$11,291	\$336,920
10.	Emergency Room MD	\$316,170	\$18,431	\$334,601
	Grand Total:	\$3,614,463	\$201,648	\$3,816,111

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . EASTERN CONNECTICUT HEALTH NETWORK, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . AETNA AMBULANCE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . AMBULANCE SERVICE OF MANCHESTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . CONNECTICUT HEALTHCARE INSURANCE CO.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . CONNECTICUT OCCUPATIONAL MEDICINE PARTNERS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . EASTERN CONNECTICUT MEDICAL PROFESSIONALS FOUNDATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . EASTERN CONNECTICUT PHYSICIAN HOSPITAL ORGANIZATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . ECHN COMMUNITY HEALTHCARE FOUNDATION, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . ECHN CORPORATE SERVICES INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . ECHN ELDERCARE SERVICES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . ECHN ENTERPRISES, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . EVERGREEN ENDOSCOPY CENTER, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M . EVERGREEN MEDICAL ASSOCIATES II, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
N . EVERGREEN MEDICAL ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O . HAYNES STREET MEDICAL ASSOCIATES II, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P . HAYNES STREET MEDICAL ASSOCIATES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q . MANCHESTER PHYSICIAN HOSPITAL ORGANIZATION, INC.				

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R .	MEDICAL PRACTICE PARTNERS			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
S .	METRO WHEELCHAIR SERVICE, INC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
T .	NORTHEAST REGIONAL RADIATION ONCOLOGY NETWORK, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
U .	THE ROCKVILLE GENERAL HOSPITAL INCORPORATED			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
V .	TOLLAND IMAGING CENTER			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
W .	VISITING NURSE AND HEALTH SERVICES OF CONNECTICUT, INC.			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
X .	WBC CONNECTICUT EAST, LLC			
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**MANCHESTER MEMORIAL HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

MANCHESTER MEMORIAL HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	2,613	2,746	133	5%
2.	Number of Approved Applicants	2,478	2,467	(11)	0%
3.	Total Charges (A)	\$4,838,374	\$4,953,633	\$115,259	2%
	Average Charges	\$1,953	\$2,008	\$55	3%
4.	Ratio of Cost to Charges (RCC)	0.396223	0.39893	0.002707	1%
	Total Cost	\$1,917,075	\$1,976,153	\$59,078	3%
	Average Cost	\$774	\$801	\$27	4%
5.	Charity Care - Inpatient Charges	\$831,297	\$951,484	\$120,187	14%
6.	Charity Care - Outpatient Emergency Department Charges	2,802,472	2,293,856	(508,616)	-18%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,204,605	1,708,293	503,688	42%
	Total Charges (A)	\$4,838,374	\$4,953,633	\$115,259	2%
8.	Charity Care - Number of Patient Days	746	754	8	1%
9.	Charity Care - Number of Discharges	140	158	18	13%
10.	Charity Care - Number of Outpatient ED Visits	2,413	2,288	(125)	-5%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,026	1,273	247	24%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.396223	0.39893	0.002707	1%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					